

APPLICATION



TRANSACTION PRIVILEGE (Sales) TAX or OCCUPATIONAL BUSINESS LICENSE

City of Flagstaff

Sales Tax Division

211 West Aspen Avenue, Flagstaff, Arizona 86001

(928) 779-7614 Fax (928) 779-7656

EACH SECTION OF THIS APPLICATION MUST BE COMPLETED BEFORE A LICENSE WILL BE ISSUED.

Check One: <input type="checkbox"/> New Business <input type="checkbox"/> New Owner of Existing Business <input type="checkbox"/> Reinstatement of Cancelled License		Former Owner (If Applicable):		Application Date:	
Check Any That Apply: <input type="checkbox"/> Name Change Only <input type="checkbox"/> Location Change <input type="checkbox"/> Added Business		<input type="checkbox"/> Added Activity		Start Date:	
		Current City License #:		Date of Change:	
SECTION I. BUSINESS LOCATION INFORMATION					
Business Name (Legal Owner and DBA):					
Street Address:				Ste/Apt #:	
City:		State:	Zip Code:	Business Telephone #:	
E-Mail Address:			State License #:	Federal ID #:	
SECTION II. MAILING ADDRESS					
Enter Name if Different From Section I (above) or Enter "In-Care-of" Name:					
Street Address:				Ste/Apt #:	
City:		State:	Zip Code:		
SECTION III. BUSINESS OWNERSHIP & RECORD LOCATION					
Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Corp. - State Inc. _____ <input type="checkbox"/> Gen. Partnership <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> S Corp. <input type="checkbox"/> Other					
If LLC do you file with IRS as: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership					
Owners, Partners, LLC Members, or Officers (For Additional Names Please Attach List)	Name:			Title:	Date of Birth:
	Home Address-Street # & Street:			Social Security #:	Drivers License #:
	City:			State:	Zip Code:
	Phone #:				
	Name:			Title:	Date of Birth:
	Home Address-Street # & Street:			Social Security #:	Drivers License #:
City:			State:	Zip Code:	Phone #:
Corporate or LLC Statutory Agent	Name and Address:				Phone #:
Contact Person	Name:				Phone #:
SECTION IV. BUSINESS TYPE					
Business Type	<input type="checkbox"/> Retail Sales <input type="checkbox"/> Wholesaler <input type="checkbox"/> Amusements <input type="checkbox"/> Construction Contracting <input type="checkbox"/> Restaurants/Bars <input type="checkbox"/> Restaurants <input type="checkbox"/> Bars <input type="checkbox"/> Other _____ <input type="checkbox"/> Rental of Tangible Personal Property <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Commercial Rental _____				
Describe Nature of Business					

Check method you will use in submitting reports: ☐ Cash Receipts ☐ Accrual

Indicate reporting status for filing City Privilege (Sales) Tax Returns:

(Based upon estimated annual gross taxable income) ☐ Monthly - (over \$50,000) ☐ Quarterly - (\$5,000 - \$50,000) ☐ Annually - (less than \$5,000)

TURN TO REVERSE SIDE TO COMPLETE THIS APPLICATION

SECTION V. BUSINESS PREMISES STATUS**Check One:**☐ In City☐ Out of City

Is your business location your residence? ☐ Yes ☐ No Do you rent/lease commercial property from another? ☐ Yes ☐ No
If **YES** to either of these, please complete the Landlord/Property Manager Information.

Landlord/Property Manager Name:

Address:

Phone #:

Do you rent a portion of the business premises to another entity? ☐ Yes ☐ NoIf **YES**, please list the name and telephone number of the other entity: _____Will there be any remodeling of the business premises?: ☐ Yes ☐ No

Type of Material & Equipment Used: _____

Proposed Storage of Materials, Equipment & Products: _____

IMPORTANT NOTICE:

ISSUANCE OF A CITY TRANSACTION PRIVILEGE (SALES) TAX LICENSE DOES NOT RELIEVE THE APPLICANT OF THE RESPONSIBILITY OF COMPLYING WITH THE VARIOUS CITY CODES. IF YOU ARE UNSURE OF SPECIFIC CODE REQUIREMENTS, PLEASE CONTACT THE PLANNING, BUILDING, UTILITY, AND FIRE DEPARTMENTS. **ALSO BE SURE THAT ALL CITY TRANSACTION PRIVILEGE (SALES) TAX HAS BEEN PAID BY THE FORMER BUSINESS OWNERS. UNDER THE CITY CODE YOU ARE LIABLE FOR ANY UNPAID CITY TRANSACTION PRIVILEGE (SALES) TAX.**

Applicant's Signature

Title

/ /
Date